

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 820975 (1)**  
1. Corporation Name  
**CHURCH OF THE LIVING GOD THE PILLAR AND GROUND O  
F THE TRUTH WHICH HE PURCHASED WITH HIS OWN BLOO**



Principal Place of Business Mailing Address  
**3325 NORTH RUCKLE STREET INDIANAPOLIS IN 46205-3839**      **3325 NORTH RUCKLE STREET INDIANAPOLIS IN 46205-3839**

3. Date Incorporated or Qualified **12/07/1967**      3a. Date of Last Report **01/27/1995**  
4. FEI Number **35-1132342**      Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Zip      29 Country      30 Country

9. Name and Address of Current Registered Agent  
**TREADWAY, BISHOP EUNICE  
178 S.W. 6TH STREET  
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      FL      85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **PT MANNING, NAOMI A.**  
STREET ADDRESS **1013 HIGH DRIVE CARMEL IN**  
CITY-ST-ZIP

TITLE  DELETE  
NAME **S MOZEE, KEZIA**  
STREET ADDRESS **3325 N. RUCKLE INDIANAPOLIS IN**  
CITY-ST-ZIP

TITLE  DELETE  
NAME **D TURLEY, FLOYD**  
STREET ADDRESS **3923 D CORNELL WOODS DR WEST DAYTON OH**  
CITY-ST-ZIP

TITLE  DELETE  
NAME **D MOORE, FAYE**  
STREET ADDRESS **48 AVERY STREET MT. CLEMENS MI**  
CITY-ST-ZIP

TITLE  DELETE  
NAME **D WHITE, WAYNE**  
STREET ADDRESS **19790 W. NINE MILE RD SOUTHFIELD MI**  
CITY-ST-ZIP

TITLE  DELETE  
NAME **D SIMMS, HANANIAH**  
STREET ADDRESS **25 RUTGERS DR DELRAN NJ**  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **NEAL, KEZIA**  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kezia Neal*      Date: *2.9.96*      Daytime Phone #: *317 924 9981*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R2E037 (12/95)